## To send your payment via facsimile this form must be filled out **COMPLETELY**.

Defendant Name:			Court Case #	
Cardholder Name (Please Print)				
Credit Card Number			Expiration Date _	
Cardholder's Address:				
	(Street Address)			(Apt)
	(City)		(State	e) (Zipcode)
Payment Amount \$				
Cardholder's Signature				
Credit Card Type: (Please	check one)	□ Visa	☐ Master Card	
YOU MUST CALL <u>AFTER</u>	TWO BUSINE	SS DAYS TO CON	FIRM THAT PAYMEN	T WAS RECEIVED
TOO MOST CHEEL MYEE	-		or lost or misdirected payments.	WAS RECEIVED
Remarks: (Use this space payment.)	to add any oth	her information o	or to send a note to the	Court about this

Rev. 5/7/09